**Travel Request Approval Form – Philosophy Faculty**

NAME:\_ VIP #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ USC ID #

DESTINATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_

(University/College)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City, State, Country)

\*ALTERNATE RETURN ROUTE:

*Only if flying from destination to another destination (not covered by funding) rather than returning directly to Columbia*

DATE LEAVING: DATE RETURNING:

(MM/DD/YY) (MM/DD/YY)

TIME LEAVING (home): TIME RETURNING (to home):

PURPOSE OF TRIP:

CONFERENCE

PRESENTING A PAPER: YES\_\_\_ NO\_\_\_ INVITED\_\_\_

OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NO FUNDS REQUESTED; INSURANCE PURPOSES ONLY:**

FUNDS REQUESTED:

|  |  |
| --- | --- |
| AIRFARE  | $  |
| GROUND TRAVEL  | $  |
| MEALS  | $  |
| LODGING  | $  |
| REGISTRATION  | $  |
| DRIVING –MILES =\_\_\_\_\_ X $0.57  | $  |
| PARKING  | $  |
| OTHER (list)  | $  |

FUNDING SOURCE(S): (List all sources of funding & respective amounts)

|  |
| --- |
| CLASSES MISSED:  |
| HOW CLASSES COVERED:(Give name of person covering classes) |
| TRAVELER SIGNATURE: DATE: |

PLEASE SUBMIT TO CHAIR FOR APPROVAL

**OFFICE USE ONLY**

TOTAL FUNDS APPROVED: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHAIR APPROVAL SIGNATURE: DATE: